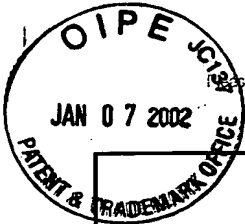


# 3



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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	CRD-0949
	First Named Inventor	Robert Burgermeister et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	09/899,147
	Filing Date	July 6, 2001
	Group Art Unit	3738
	Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**STENT WITH OPTIMAL STRENGTH AND RADIOCAPACITY CHARACTERISTICS**  
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on July 6, 2001 as United States Application Number or PCT International Application Number ☐ and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



# DECLARATION - Utility or Design Patent Application

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Application Number(s)	Filing Date (MM/DD/YYYY)	
60/234,497	September 22, 2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

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ZIP

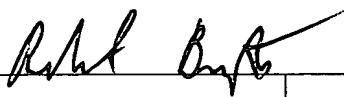
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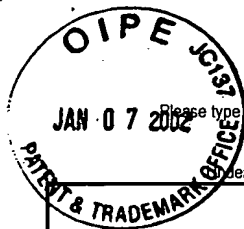
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Robert		<b>Family Name</b> or Surname Burgermeister	
<b>Inventor's Signature</b> 		<b>Date</b> 09/10/01	
<b>Residence: City</b> Bridgewater	<b>State</b> NJ	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 401 Stoney Brook Drive			
<b>City</b> Bridgewater	<b>State</b> NJ	<b>ZIP</b> 08807	<b>Country</b> USA

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<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Janet		<b>Family Name</b> or Surname Burpee	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Fair Haven	<b>State</b> NJ	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 56 Buttonwood Lane			
<b>City</b> Fair Haven	<b>State</b> NJ	<b>ZIP</b> 07704	<b>Country</b> USA

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<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any])		<b>Family Name</b> or Surname	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>



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				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Application Serial No.	Filing Date	Status
		Patented Patented Patented

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AND

☐ Practitioner(s) named below:  
Name Registration Number

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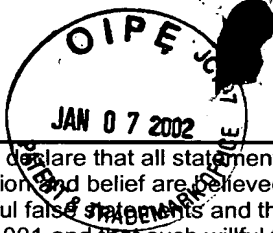
State:

ZIP

Country

Telephone:

Fax:



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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Robert

Family Name  
or Surname Burgermeister

Inventor's  
Signature

Date

Residence: City Bridgewater

State NJ

Country USA

Citizenship USA

Mailing Address 401 Stoney Brook Drive

City Bridgewater

State NJ

ZIP 08807

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Janet

Family Name  
or Surname Burpee

Inventor's  
Signature

Date

Residence: City Fair Haven

State NJ

Country USA

Citizenship USA

Mailing Address 56 Buttonwood Lane

City Fair Haven

State NJ

ZIP 07704

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Family Name  
or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country